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Attorney Docket No.: 20069-54 340

Facsimile Transmitting To: 1-703-746-3371

To: United States Patent and Trademark Office

PLEASE DELIVER TO: Examiner Rosiland S. Kearney

In re application of: Zion AZAR

Serial No.: 09/828,997

Group Art Unit: 3739

Filed: April 9, 2001

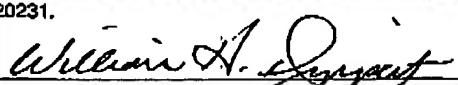
Examiner: R. Kearney

For: **METHOD FOR SELECTIVE PHOTOTHERMOLYSIS OR HAIR
REMOVAL**

Number of Pages Being Transmitted (including cover page): 13

Paper(s) Being Transmitted: Enclosed are copies of (1) a Supplemental Preliminary
Amendment (with Transmittals) and (2) a First Supplementary Information
Disclosure Statement.**CERTIFICATE OF FACSIMILE TRANSMISSION**I hereby certify that these papers are being facsimile transferred to the United States Patent
and Trademark Office on the date shown below.William H. Dippert, Reg. No. 26,723
AttorneyWilliam H. Dippert
Signature3/21/02
Date

WHD/LXE/23161/14/513803.1

AMENDMENT TRANSMITTAL LETTER (Small Entity)			Docket No. 127/02185		
Applicant(s): Zion AZAR					
Serial No. 09/828,997	Filing Date April 9, 2001	Examiner Not yet assigned	Group Art Unit 3739		
Invention: METHOD FOR SELECTIVE PHOTOTHERMOLYSIS OR HAIR REMOVAL (AMENDED)					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	93 -	20 =	73 x	\$9.00	\$657.00
INDEP. CLAIMS	2 -	3 =	0 x	\$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					\$140.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$797.00
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 03-3419 in the amount of \$797.00 A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3419 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<i>Paul Fenster</i> _____ Signature			Dated: March 12, 2002		
Paul FENSTER, Reg. No. 33,877 William H. Dippert, Esq. Cowan, Liebowitz and Latman, P.C. 1133 Avenue of the Americas New York, NY 10036-6799 Tel: (212) 790-9200 cc:					
<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on 3/14/02 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. <div style="text-align: center;">  Signature of Person Mailing Correspondence </div> <div style="text-align: center;"> William H. Dippert Typed or Printed Name of Person Mailing Correspondence </div> </div>					

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